



RHODE ISLAND DEPARTMENT OF HEALTH
Office of Drinking Water Quality

PUBLIC WATER SYSTEM INFORMATION CHANGE FORM

Water System Name: _____ PWS#: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Fax: _____

NOTE: A separate form must be completed for each individual associated with this Public Water System.

Name: _____ Job Title: _____

Address: _____ City: _____

State: _____ Zip: _____ Fax: _____

Primary Phone: _____ Ext: _____ Emergency Phone: _____

Email Address: _____

Number of People Served Daily: _____ Number of Service Connections: _____

Description of any anticipated changes to the public water source or system:

Treatment (if any): _____

Owner's Signature: _____ Date: _____

SDWIS Change Type (For internal use only):

Administrative Contact	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Emergency Contact	<input type="checkbox"/>	Legal	<input type="checkbox"/>
Designated Operator in Charge	<input type="checkbox"/>	Owner	<input type="checkbox"/>
Operator	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

DWQ Official: _____ Date: _____

PLEASE RETURN TO: Office of Drinking Water Quality, Cannon Building, Three Capitol Hill,
Providence, Rhode Island 02908-5097 or fax to (401) 222-6953